

Nutrition screening and primary care: Identifying malnutrition early in seniors

British Columbia's population is rapidly aging: the number of adults in BC who are 65 years of age or older exceeded 1 million for the first time in 2021, and those who are over 85 years of age make up the fastest-growing age group in Canada.¹ These demographic trends will create additional pressures on the health care system due to increased demands for care among the aging population. To reduce the burden on BC's health care system, it will be important to consider strategies and practices that can help older adults live healthily and independently.

Malnutrition is a common yet often overlooked health issue among older adults. It is defined by the Canadian Malnutrition Task Force as "both the deficiency and excess of energy, protein, and other nutrients."² One-third of Canadians 65 years of age or older are at risk for malnutrition.³ The impact of malnutrition on older adults is well documented, including reduced quality of life, increased hospitalizations, and higher risk of mortality.³ Malnutrition also contributes to complex health concerns, with malnourished older adults experiencing delayed wound healing, impaired functional status, weakened immune function, and increased risk of frailty and falls.^{4,5} Malnourished older adults are, therefore, less likely to retain the ability to live independently and have a significantly increased risk of acute hospitalization.^{3,4}

The health consequences of malnutrition among older adults also impose considerable costs on the health care system. A 2017 study of adults admitted to Canadian hospitals found patients who were malnourished experienced

18% longer stays and 31% to 34% higher costs compared with those who were well nourished.⁶ On average, malnourished surgical patients incurred \$2851 more in hospital costs than well-nourished patients and were nearly twice as likely to experience hospital readmission within 15 days.⁶ Implementation of nutrition programs can result in considerable savings to the health care system. In one home

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health setting, the implementation of a multisite nutrition-focused quality improvement program resulted in a reduction in the need for patients to seek health care services such that savings amounted to \$1500 per patient or \$2.3 million over a 90-day period.⁷ Small investments can return substantial cost savings; for every \$1 spent on dietitian-led nutrition interventions, the health care system can save \$5 to \$99 through reductions in costs associated with hospitalizations, medications, and physician time.⁸

Nutrition screening, which can identify patients at risk of malnutrition, helps to prioritize resources, improve referral processes for dietitians and community services, and assist care providers in targeting interventions for specific nutritional needs.^{9,10} Nutrition screening tools for older adults that are valid, reliable, and simple to conduct are available, such as Seniors in the Community: Risk Evaluation for Eating

and Nutrition and the Mini Nutritional Assessment.¹¹ Although nutrition screening for older adults is often done in acute care settings, a preventive approach that addresses the underlying causes of malnutrition requires earlier discovery and intervention in the community.¹² Family physicians and other community-based primary care practitioners may be well positioned to offer preventive nutrition screening and care.¹² Successful implementation of nutrition screening will need to address current challenges in primary care, such as time constraints and varying access to dietitians across BC. Primary care providers can advance nutrition for older adults by incorporating nutrition screening into regular care practice, collaborating with allied health care professionals such as dietitians, and mobilizing conversations and actions that raise awareness and build capacity for older adult nutrition screening. ■

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This article is the opinion of the BC Centre for Disease Control and has not been peer reviewed by the BCMJ Editorial Board.

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must inform our public health strategies and individual practices to achieve optimal health for all. Capitalizing on the increased vaccine literacy created by the COVID-19 pandemic is an opportunity that must be seized. ■

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